

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90007 007 ****61.25

DOCUMENT # 753249

1. Entity Name

RACQUET CLUB APARTMENTS AT BONAVENTURE 9B CONDOM

Principal Place of Business

Mailing Address

11530 SR 84
 FT LAUDERDALE FL 33325
 US

PO BOX 551390
 FT LAUDERDALE FL 33355-1390
 US

80015244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2168900

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST BROWARD PROPERTY MANAGEMENT INC
 11530 SR 84
 FT LAUDERDALE FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Martin Schneider

1/18/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	BULLIS, CHRISTINE	
STREET ADDRESS	416 LAKEVIEW DR #106	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, JAMES	
STREET ADDRESS	406 LAKEVIEW DR 201	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, MARTIN	
STREET ADDRESS	410 LAKEVIEW DR #204	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JOSEPH	
STREET ADDRESS	416 LAKEVIEW DRIVE #201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLATEMAN, BARRY	
STREET ADDRESS	406 LAKEVIEW DR 101	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Martin Schneider	
STREET ADDRESS	410 Lakeview Drive #204	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Christine Bullis	
STREET ADDRESS	416 Lakeview Drive # 106	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Barry Clateman	
STREET ADDRESS	406 Lakeview Drive # 101	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	William Ulvano	
STREET ADDRESS	416 Lakeview Drive #101	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Ruth Sheptinsky	
STREET ADDRESS	410 Lakeview Drive # 103	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Schneider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

Daytime Phone #